

Player Registration

Open to the first 32 Teams

Team Name (if applicable): _____

Phone: _____

Email contact information: _____

Mailing Address: _____

Team (\$400)

"Fore" EZ Play for the team (\$140)

Individual Player (\$100)

"Fore" EZ Play (\$35)

(Handicap)

(Handicap)

(Handicap)

(Handicap)



For more information on the Annual Golf Tournament please call or email:

Ossipee Chamber

603-651-1600

info@ossipeevalley.org

Or

Jonathan Rivers

Director of Golf

Indian Mound Golf Club

603-539-7733



GOACC

P.O. Box 121

West Ossipee, NH 03890

Phone: 603-651-1600

info@ossipeevalley.org



www.ossipeevalley.org

The Greater Ossipee Area Chamber of Commerce is a 501C (6) non-profit membership organization

Greater Ossipee Area Chamber of Commerce

21st Anniversary

Annual Golf Tournament

To Benefit the

GOACC

Scholarship Fund



21st Anniversary GOACC Golf Tournament

Event Info

Date: Friday, June 2, 2023

Time: Registration opens at 7 AM
Shotgun start 8:30 AM
Hot breakfast will be served

Place: Indian Mound Golf Course
Route 16 B – Ctr. Ossipee

Format: 18 Hole Scramble

Fee: \$400/Team (4 players)
\$100 Individual Player (Individual players
are welcome and will be placed on a team)

(includes greens fee, cart, goody bag,
breakfast & luncheon)

Contests:

- \$10K Cash Hole-In-One
- 5 “Par 3” closest to the pin,
- Putting green 50/50
- Closest to the line
- Ladies and men’s longest drives,
- Low gross, first, second, and third place net prizes.

\$10K CASH Hole-in-One Prize

Golf Ball Cannon Shot
On Course Beverage Stations
Raffle Prizes
Hot Box Lunch



“Fore” EZ PLAY
\$35

- 2 Mulligans
- 5 Raffle Tickets
- 3 Tickets - Lottery Board
- 1 Draft Beer or Soft Drink
- Golf Ball Cannon Shot
- “Fore” Ez Play - Enters you for a chance to win a Set of Irons



• Since the GOACC Scholarship Fund was established, Over \$150,000 in scholarships have been awarded to students pursuing higher education.

Payment Information

Please make checks payable to
GOACC

Or Pay by Credit Card

(Visa, MasterCard or American Express accepted)

Name on Card: _____

Card #: _____

CVV#: _____ Expires: _____

Billing Zip Code: _____

**Please mail completed form
with payment to:**

GOACC
Attn: Golf Tournament
P.O. Box 121
West Ossipee, NH 03890 -0121

**To register and pay online
Visit**

OssipeeValley.org
“Click on”
Golf Tournament

